

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(print)

Company RONALD GROSS INC.

Address 1037 WINFIELD ROAD

City CABOT State PA Zip 16023

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc.® is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc.® assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for _____

Name _____
Last First Middle Social Security No. _____

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State Zip Code Phone _____ How Long? _____ yr./mo.

Previous Addresses _____
Street City State & Zip Code How Long? _____ yr./mo.

Street City State & Zip Code How Long? _____ yr./mo.

Street City State & Zip Code How Long? _____ yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

_____If yes, explain if you wish.

_____**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	
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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILER _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	---		
MOTORCOACH - SCHOOL BUS _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	---		
OTHER _____			

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION
(NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT)

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Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent.)

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CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
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PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: ☐ Yes ☐ No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: ☐ Yes ☐ No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

CDL

Employee's Name _____ ID Number _____

Driver's License: State _____ Number _____ Exp. Date _____

49 CFR §391.27(a) - Each motor carrier shall, at least once every 12 months require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months.

49 CFR §391.27(b) - Each driver shall furnish the list required in accordance with paragraph (a) of this section. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify.

Driver's Certification

(Completed by driver)

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

<u>Date of Conviction</u>	<u>Offense</u>	<u>Location</u>	<u>Type of Vehicle Operated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Driver's Signature _____

Date of Certification _____

Motor Carrier's Annual Review of Driving Record

(Completed by motor carrier)

49 CFR §391.25(b) - Each motor carrier shall, at least once every 12 months, review the driving record of each driver it employs to determine whether that driver meets minimum requirements for safe driving or is disqualified to drive a commercial motor vehicle pursuant to §391.15.

I have reviewed the record of violations, provided above, for this driver in accordance with 49 CFR §391.25 and have concluded:

- ☐ This driver meets the minimum requirements for safe driving
- ☐ This driver is disqualified to drive a commercial motor vehicle.

Action taken: _____

Reviewed by:

Print Name _____

Title _____

Signature _____

Date _____

Motor Carrier Name _____

Motor Carrier Address _____

PERSONAL AND CONFIDENTIAL

CONDITIONAL JOB OFFER & MEDICAL REVIEW

Applicant Name _____ Position _____ Date _____

Based upon qualifications that were presented on your employment application, you are hereby offered a position with our company conditional upon submitting to our standard medical review and the verification of your answers to the following questions. Your job offer cannot and will not be revoked unless an extensive medical review reveals that you cannot perform the essential functions of the job with reasonable accommodation if requested, (as dictated in our job description), or are a direct threat to the health and safety to yourself and others. False or misleading statements are grounds for dismissal of employment. This information is considered personal, confidential and medical in nature and will be treated as such in accordance with the Americans with Disabilities Act.

SAFETY AND YOUR HEALTH

Have you had any on the job injuries? Yes _____ No _____

If yes, please answer:

1. Date of injury _____
2. Employer(s) at the time _____
3. Cause of injury(s) _____
4. How much time lost _____
5. Body part involved _____
6. Percentage of Disability _____

Do you have or have you ever had any other injuries or illnesses not on the job that have resulted in surgery, lost time or hospitalization?

Yes _____ No _____

If yes, please answer:

1. Date of injury/illness _____
2. Cause of _____
3. Body part involved _____
4. Days lost time _____
5. Have you recovered? _____

Are you taking any prescribed medication? Yes _____ No _____

If yes, please answer:

1. Purpose of _____
2. Side effects _____
3. Type of medication _____

EMERGENCY INFORMATION

In case of emergency, contact _____
Relationship _____
phone # _____ City, State _____

(Please turn over and fill out information on back)

Julie Scott / 800-322-5298



From:

(Company Contact Name)

RONALD GROSS INC.

(Company Name)

se Fax # 800-267-4093 (Manual Service)

Fax #: (724) 352 - 1270

se Fax # 800-267-8069 (If Database Retrieval)

DAC Customer #: _____ DAC Sub-account: _____

PART I - DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to DAC for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past 60 days; (i) Alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s) and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

I also authorize that carrier (company/school) listed below furnishes DAC with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the two-year period and the name and phone number of any substance abuse professional who evaluated me during the past two years.

Company

City

State

Phone Number

_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

Attach additional forms for additional past employers. That form must also include the individual's signature.)

Print name: X _____
(Applicant Name)

Signed: X _____
(Applicant Signature Required)

Social Security No: X _____

Date: X _____

PART II - CONSUMER REPORT DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with the employer named above, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION. THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

I have the right to request from DAC, upon presentation of proper identification, the nature and substance of all information in its files on me at a time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within a two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history (not DOT Drug and Alcohol information without a specific consent by me) with you if hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired or contracted this authorization, for Part II reports only, shall remain on file and all serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Print name: X _____
(Applicant Name)

Signed: X _____
(Applicant Signature Required)

Social Security No V



REQUEST FOR DRIVER INFORMATION

PRINT OR TYPE ALL INFORMATION LEGIBLY

DO NOT SEND CASH

SEE REVERSE FOR INSTRUCTIONS / INFORMATION

CHECK (✓) ONE ONLY:

- ☐ BASIC INFORMATION: \$5.00 FEE (Driver history is not included)
- ☐ 3 YEAR DRIVER RECORD: \$5.00 FEE
- ☐ 10 YEAR DRIVER RECORD: \$5.00 FEE (Employment Purposes Only)

- ☐ CERTIFIED DRIVER RECORD: \$10.00 FEE
- ☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$5.00 FEE
- ☐ CERTIFIED COPY OF DOCUMENT FROM FILE: \$10.00 FEE

A REQUESTER INFORMATION

NAME/COMPANY

RONALD GROSS INC.

ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.

1037 WINFIELD ROAD

CITY

CABOT

STATE

Pa.

ZIP CODE

16023

DAYTIME TELEPHONE NUMBER (REQUIRED)

724-352-1270

RELATIONSHIP TO DRIVER (REQUIRED)

Employer

SIGNATURE

NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD

C DRIVER INFORMATION

NAME: LAST

FIRST

INITIAL

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DRIVER NUMBER

DATE OF BIRTH

MONTH DAY YEAR

SOCIAL SECURITY NUMBER

E DRIVER RELEASE

I _____ hereby request
the Department of Transportation to furnish a copy of my PA Driver's
Record to _____

NAME OF PERSON/COMPANY

X

SIGNATURE OF DRIVER

DATE

F MICROFILM

TYPE OF DOCUMENT

DATE OF VIOLATION

(see list of available documents below)

Documents Available:

- Citations
- Court Certifications
- Applications
- License Renewals
- Judgments
- Suspension Credit Affidavits
- Suspension/Revocation Letters
- Restoration Letters
- Rescind Letters
- Department Hearing or Exam Notice

B END USER OF INFORMATION BEING REQUESTED

NAME/COMPANY

ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence

CITY

STATE ZIP CODE

DAYTIME TELEPHONE NUMBER (REQUIRED)

RELATIONSHIP TO DRIVER (REQUIRED)

D AFFIDAVIT OF INTENDED USEIntended Use of the Information Requested: **CHECK ONLY ONE**

- ☒ B = Driver Release (Driver has given written authorization to obtain his/her record.)
- ☐ C = Credit (In connection with a credit transaction involving the driver.)
- ☐ E = Employment (To support the hiring or the continuation of employment. Employer must have driver's signed release on file.)
- ☐ R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.
- ☐ K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order.)
- ☐ L = Attorney representing driver identified in Section C (Driver has given written authorization to obtain his/her record.)

I hereby Certify that _____

PRINTED NAME OF REQUESTER

will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 PA C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.

X

SIGNATURE OF REQUESTER

Title _____

SUBSCRIBED AND SWORN

TO BEFORE ME:

MONTH

DAY

YEAR

X

SIGNATURE OF PERSON ADMINISTERING OATH

S
E
A
L

SIGN IN PRESENCE OF NOTARY

Employee Release

(To be completed by Applicant)

I, _____ of _____
(Name of Applicant) (Social Security Number)

(Street Address, City, State, Zip)

hereby authorize _____ to release the following information to _____
(Previous Employer)RONALD GROSS INC. for the purposes stated in 49 CFR §391.23 and release the same from any
(Prospective Employer)

liability resulting from providing such information.

X _____
Applicant's SignatureX _____
Date**Verification of Previous Employment**

(To be completed by Previous Employer and returned within 30 days of receipt)

Company Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____ Contact Name: _____

Applicants Position: _____ Employed from: _____ to _____

Reason for Leaving: _____

Safety Performance History

(To be completed by Previous Employer and returned within 30 days of receipt)

Please list the accidents, as defined at § 390.5, the applicant has been involved in during the last three years.

If none, check here ☐

(1) Date _____ Nearest city or town _____

Number of injuries _____ Number of fatalities _____

Was hazardous material, other than fuel spilled from the fuel tanks of the motor vehicle, involved in the accident?

Yes ☐ or No ☐

Comments: _____

(2) Date _____ Nearest city or town _____

Number of injuries _____ Number of fatalities _____

Was hazardous material, other than fuel spilled from the fuel tanks of the motor vehicle, involved in the accident?

Yes ☐ or No ☐

Comments: _____

Please list additional accident information on a separate page as well as information on accidents you may wish to provide pursuant to § 390.15(b)(2) or your internal company policies.

Prospective Employer InformationProspective Employer: RONALD GROSS, INC. Attention: OFFICEAddress: 1037 WINFIELD ROAD CABOT PA 16023
(Street) (City) (State) (Zip)Phone Number: (724) 352-1270 Fax Number: (724) 352-8400Attempt #1: Inquiry was ☐ faxed ☐ mailed ☐ emailed ☐ phoned on _____
(Date)Attempt #2: Inquiry was ☐ faxed ☐ mailed ☐ emailed ☐ phoned on _____
(Date)Previous employer failed to respond or could not to be contacted ☐Information was received from previous employer by ☐ fax ☐ mail ☐ email ☐ phone on _____
(Date)No records exist for driver ☐ Employee was hired on _____
(Date)

Note: Safety performance history must be placed in employee's driver investigation history file within 30 days of the date employment begins.

SAFETY PERFORMANCE HISTORY INQUIRY

Prospective Employee Authorization

(To be Completed by Prospective Employee)

I _____
 (Print First and Last Name) authorize _____
 (Social Security Number)

 (Previous Employer's Name)

 (Street Address, City, State, Zip)

() _____
 (Telephone Number)

 (Fax Number)

to release my records relating to alcohol and controlled substances testing to

RONALD GROSS, INC.
 (Prospective Company's Name)

RUTH — CONNIE
 (Attention)

1037 WINFIELD ROAD

CABOT

Pennsylvania 16023

(Street Address, City, State, Zip)

(724) 352 1270

(Telephone Number)

(724) 352 8400

(Fax Number)

 (Email Address)

I understand the release of this information will be in writing in the form of a fax, letter or email and will remain confidential in accordance with 49 CFR 40.25(g). I also understand 49 CFR 40.25, 382.405 (f) and (h), and §391.23 requires this information be collected.

X _____
 (Applicant's Signature)

X _____
 (Date)

Previous Employer Inquiry

(To be completed by Previous Employer and returned within 30 days of receipt)

- Yes No
- ☐ ☐ Was the individual listed above subject to Department of Transportation alcohol and controlled substance testing requirements while employed with you? (If not, please sign and return this form)
- ☐ ☐ Has the individual listed above ever had an alcohol test with an alcohol concentration result of 0.04 or higher during the last three years?
- ☐ ☐ Has the individual listed above ever had a verified positive test result for a controlled substance during the last three years?
- ☐ ☐ Has the individual listed above ever refused a controlled substance or alcohol test during the last three years?
- ☐ ☐ Has the driver failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to §382.605 or 49 CFR part 40, subpart O, during the last three years?
- ☐ ☐ If the individual listed above violated a DOT alcohol or controlled substance testing regulation, do you have documentation that the individual successfully completed DOT return-to-duty requirements (including followup tests)? (If yes, please forward the documentation with this form)

Please include any other alcohol or controlled substance testing documentation from previous employers or other applicable DOT agency regulations.

 (Company Name)

 (Contact Name)

 (Street Address)

 (City, State, Zip)

() _____

(Telephone Number)

 (Signature of Person Completing Form)

 (Date)

Prospective Employer Review

Attempt #1: Authorization/Inquiry was ☐ faxed ☐ mailed ☐ emailed to previous employer on _____
 (Date)

Attempt #2: Authorization/Inquiry was ☐ faxed ☐ mailed ☐ emailed to previous employer on _____
 (Date)

Information was received from previous employer by ☐ fax ☐ mail ☐ email on _____
 (Date)

Employee was hired on _____
 (Date)

Previous Employer failed to respond or could not to be contacted ☐

PREVIOUS EMPLOYER DRUG AND ALCOHOL INQUIRY

(To be read and signed by applicant)

In consideration for employment with Ronald Gross, Inc., I hereby understand and agree as follows:

This application was completed by me, all entries upon it and information in it are true and complete to the best of my knowledge. Any false or misleading information furnished by me on this application or other required documents in connection with my application shall result in denial of employment or, if employed by Ronald Gross, Inc., in termination of my employment. Ronald Gross, Inc. has my consent to make a thorough investigation of my background, including my past employment, references furnished, education and any other activities, and I release all persons, items, or entities supplying such information from any and all liability and damages on account of supplying such information. I further agree to indemnify Ronald Gross, Inc. against any and all liability that may result from making such an investigation.

I certify that I have not taken any non-prescribed medication during the past (60) days. This includes, but is not limited to amphetamines, narcotics or any other habit-forming drugs.

If Ronald Gross, Inc. advances money to me or other items of value or I otherwise become financially indebted, I agree to pay Ronald Gross, Inc., and any salary or wages due me upon termination may be offset by a payroll deduction against any monies due Ronald Gross, Inc.

This application will not be accepted or considered by Ronald Gross, Inc. unless all required information is completed by me and such information is fully legible. I will be given no further consideration if answers are evasive or the history of previous events is not presented in proper order with respect to dates.

I hereby authorize Ronald Gross, Inc. to obtain a copy of my Motor Vehicle Report.

I understand that I may be on a (90) ninety day probationary period in which I may be discharged without reason or recourse.

I agree to submit to any and all testing as required by Ronald Gross, Inc. and the Department of Transportation.

Applicant's signature

Date

Applicant's Printed Name

Comments-----

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print Name

Social Security No.

Applicant's Signature

Date

Dear Applicant

This letter is to notify you that we may be unable to make you an offer of employment based on our obligations under DOT regulations, including information received from DAC Services (DAC).

Attached is a copy of this information and a copy of your rights under the Fair Credit Reporting Act.

DAC does not make these decisions and is unable to provide you with the specific reasons for them. You have the right to dispute the accuracy or completeness of any information contained in such reports by contacting DAC. You will be asked to provide your full name, mailing address, social security number, the name of our company and a photocopy of your drivers license and social security number card for identification purposes.

Consumer Department
DAC Services
4110 S. 100 E. Ave.
Tulsa, OK. 74146

800-381-0645

Thank you for your interest in our company.

Company Name

RONALD GROSS INC.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print name

Social Security number

IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Ronald Gross Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Ronald Gross Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

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on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.